



CHILD CARE SERVICES

City of Bloomington
Community & Family Resources Department
City Hall at Showers
401 N. Morton Street, Room 260
P. O. Box 100
Bloomington, Indiana 47402
(812) 349-3430 Fax: (812) 349-3483

Monroe County CCDF and SSBG Child Care Provider Change Request Form

Completion of this form does not mean this child care provider change is approved. Your caseworker will review your request. If your request is denied, you will be contacted within 5 working days.

Today's Date: _____

Parent's Name: _____

Parent's Address: _____

Parent's Contact Phone Number: _____

Child's Name and Age:

Name of current child care provider:

Name, Address, and Phone Number of the child care provider you want to change to:

Is your new provider licensed? Yes / No

*Please note: Providers who are not licensed **MUST** meet certain minimum standards before provider change can be approved. Please contact our office for instructions.*

Have you already enrolled at the new child care provider? Yes / No

Date to start at new child care provider (please do not write ASAP): _____
START DATE MUST BE AT BEGINNING OF WEEK!